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TB CARE I

TB CARE I-Kazakhstan

**Year 1
Quarterly Report
January - February 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Kazakhstan
Lead Partner	KNCV
Collaborating Partners	N.A.
Date Report Sent	April 30, 2012
From	Timur Bazikov
To	Bryn Sakagawa, USAID CAR
Reporting Period	January - February 2012

Technical Areas	% Completion
1. Universal and Early Access	78%
2. Laboratories	70%
3. Infection Control	88%
4. PMDT	89%
5. TB/HIV	100%
6. Health Systems Strengthening	86%
7. M&E, OR and Surveillance	75%
8. Drug supply and management	100%
Overall work plan completion	86%

Most Significant Achievements

Laboratory:

1. Assessment of facilities for selection of Xpert sites was conducted in Akmola oblast by Regional Laboratory TO. Kokshetau city of Akmola oblast was selected as a pilot site for Expert introduction.
2. Draft MoU on implementation of Xpert in Kazakhstan was developed to make NTP responsible for implementation and further supply, maintenance and provision of adequate treatment for detected TB and MDR TB cases.
3. XpertMTB/RIF implementation plan and clinical laboratory protocols have been approved by NTP.
4. All arrangements for the procurement of four four-module Xpert machines have been done.

TB-HIV:

1. TB-HIV protocol has been developed and sent to MoH for approval.

M&E and OR:

1. OR protocol on Effectiveness of patient support in EKO was drafted.

A joint mission of Bert Schreuder, HSS consultant (KNCV HQ) - (January 22 - February 5, 2012), and Ogtay Gozalov, Medical Officer, Tuberculosis and M/XDR-TB Programme (WHO EURO) – (January 22-February 4, 2012), Ieva Leimane, Agnes Gebhard, Jaap Veen (at distance) was conducted to develop four strategies for TB CARE I APA 2, including TB in prisons, GeneExpert, outpatient treatment and TB in migrants.

A joint mission of USAID Washington, USAID/CAR and TB CARE I staff (including Senior Regional TB Advisor Svetlana Pak and Regional Technical Office Gulnara Kaliakbarova) was conducted on 21-23 February to introduce TB CARE I project activities to USAID Mission.

Overall work plan implementation status

Implementation of project activities in the prison system are postponed until the official response from MoA.

USAID CAR agreed to give extension for implementation of APA1 till 29 February, 2012 during a joint mission of USAID Washington, PMU TB CARE I and KNCV HQ in Kazakhstan.

Technical and administrative challenges

Since the NTP made the decision to revise national guidelines on TB/MDR TB, finalization of clinical protocols and training curricula have been postponed.

Since official confirmation from MoA on continuation of work with prisons based on the current MoU is not received yet, supervision visits, workshops for prison administration and training for prison medical staff are postponed until APA2.

Quarterly Technical Outcome Report

	2010*	2011**	2012***
Number of MDR cases diagnosed	7336	7386	1902
Number of MDR cases put on treatment	5740	5311	1342

* January - December 2010 ** January - December 2011 *** January - March 2012

Technical Area 1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
1 Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in prisons in project sites (indicator for case detection), disaggregated by culture and DST results (indicator for access to bacteriological examinations in prison)	Case detection: South Kazakhstan (SKO) - 64,2% Nord Kazakhstan (NKO) - 27% Akmolinskaya (Akm) - 37,2% East Kazakhstan (EKO) - 27,2% Culture coverage: SKO - 61% NKO - 62% Akm - 0% EKO - 68,2% DST coverage: SKO - 100% NKO - 100% Akm - 0% EKO - 100%		Case detection: SKO - 57,8% NKO - 28% Akm - 43,8 EKO - 24,7% Culture coverage: SKO - 90% NKO - 75% Akm - 54% EKO - 70,7% DST coverage: SKO - 100% NKO - 100% Akm - 100% EKO - 100%	Workshop on TB for prison administrators and heads of medical services, and supervision visits to prisons were moved to APA2.	Implementation of prison activities was delayed due to the transfer of Prison Service from MOJ to MoIA in the summer of 2011. TB CARE submitted required paperwork to gain access to prisons to MoIA and currently awaits MoIA's response. These activities have been moved to APA 2.
2 Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	Akm - 3,3% SKO - 2,1% NKO - 0,7% EKO - 0,2%		Akm - 1,1% SKO - 1,5% NKO - 0,6% EKO - 4,0%	TB CARE I got preliminary agreement from NTP to establish a thematic working group on TB in migrants.	Establishment of TWG on TB in migrants is planned under APA2.

3	International standards on TB management in children introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	Active: Akm - 22 (58,3%) SKO - 35 (51,7%) NKO - 14 (80%) EKO - 59 (69,7%) Passive: Akm - 11 (41,7%) SKO - 46 (48,3%) NKO - 5 (20%) EKO - 24 (30,4%)	Active: Akm - 20 (64,5%) SKO - 41 (51,9%) NKO - 14 (77,8%) EKO - 60 (72,3%) Passive: Akm - 11 (35,5%) SKO - 38 (48,1%) NKO - 4(22,2%) EKO - 23 (27,7%)	PMDT action plans for pilot sites including management of childhood TB were approved.	
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Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic plan is developed Yes/No	NO		NO	Pre-final version of National Laboratory plan is under discussion with NTP. Three-day supportive supervision visit was conducted by the Regional Laboratory Technical Officer to Akmola oblast (14-18	Finalization of National Laboratory plan.
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	0		0	One day seminar was conducted during supportive supervision visit of the Regional Laboratory Technical Officer to Akmola oblast with laboratory staff on adaptation of NRL's maintenance SOPs to the oblast's conditions. Total participants in Akmola-	Oblast laboratory specialists will adapt maintenance SOPs. Testing of adapted maintenance SOPs will be conducted.
3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0		0	Draft strategy for XpertMTB/RIF implementation has been finalized by Manuela Rehr (PMU TB CARE I). Algorithm, clinical protocol, maintenance SOP for use of XpertMTB/RIF have been drafted. Pre final version of XpertMTB/RIF implementation plan and clinical protocols have been developed and sent to NTP for approval. Preparations started for the	Procurement of Xpert machines and shipment to Kazakhstan. Finalization of Xpert CAR strategy. Approval of Xpert implementation plan. Approval of clinical protocols by NTP. Final decision on selection of Xpert sites and preparation of sites for placing Xpert machines. Adaptation of generic SOPs after procurement of Xpert MTB/Rif machines and site selection. Finalization of training packages for Xpert sites.

Technical Area 3. Infection Control								
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
1	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	310,1 per 100 000 health care staff		306,1 per 100 000 health care staff		TB IC guideline and adapted toolkit will be presented at the NTP level in April, 2012
2	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	local engineers trained in TB-IC - 0	5	4	Completed in previous quarters	

Technical Area 4. PMDT								
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
1	PMDT scale up in civilian and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites disaggregated by civil and prison sector	Civil Akm - 324 (62,3%) SKO - 470 (80,9%) NKO - 285 (58%) EKO - 473 (64,8%) Prison: Akm - 28 (77,8%) NKO - 27 (42%) SKO - 28 (33%) EKO - 30 (22%)	85% in 2015	Civil , whole country-5311 (72)% Akm - 351 (94,9%) SKO - 227(42,0%) NKO - 276 (67,5%) EKO - 319 (52,1%) Prison , whole country - 128 (29,9%) Akm - 26 (82,0%) NKO - 22 (44%)	PMDT action plans developed and approved by the oblast healthcare authorities. PMDT protocols drafted in accordance with latest WHO recommendations. Draft PMDT training curricula developed.	Because NTP is revising national TB/MDRTB policies (prikaz, TB guideline), finalization of PMDT protocols is delayed until the national policy will be updated.

2	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	Akm - 2 (100%) SKO - 1 (100%) NKO - 1 (100%) EKO - 2 (100%)		Akm - 4 (100%) SKO - 4 (100%) NKO - 3 (100%) EKO - 2 (100%)	Protocols on X/MDRTB in children were drafted.	Draft protocol on TB in children will be finalized after update of national prikaz and guideline.
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Technical Area 5. TB/HIV

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
					Y1	Y1		
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and available in country (yes/no)	NO		1	Order and National plan on TB-HIV were finalized and submitted to MoH.	Final order and national plan on TB-HIV will be introduced at national level and in pilot oblasts.
2	Increased number of TB and HIV patients that are receiving care and treatment	People living with HIV, screened for TB in HIV care settings (VCT, ANC, PMTCT, MCNH and ART clinics) (number and percent)	People living with HIV, screened for TB in HIV care settings (VCT, ANC, PMTCT, MCNH and ART clinics) (number and percent) in project sites	75%	95%	75%	TB-HIV reporting forms were newly developed and included in the updated national order. The policy are submitted to MoH for approval.	Introduction of the new reporting forms on TB-HIV will be introduced in pilot oblasts.

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		

1	Improved local human resource capacity	Number of local trainers trained	Number local trainers trained in each project site	12		12 (all females)	Recommendations for NTP on e-library provided by an HRD consultant (Ieva Leimane) were translated in Russian and provided to NTP for implementation.	
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate among TB patients in project sites disaggregated by TB and MDR TB	Sens TB Akm - 1,8% SKO - 3,7% NKO - 2,4% EKO - 4,3% MDR TB Akm - 0% SKO - 6,4% NKO - 3,6% EKO - 4,7%		Sens TB Akm - 1,1% SKO - 2,3% NKO - 1,2% EKO - 4,8% MDR TB Akm - 0% SKO - 6,6% NKO - 3,5% EKO - 4,6%	Data collection and analysis of information on social support in new project sites have been completed.	Information on social support in new project sites was collected and will be analyzed in APA2. Establishment of oblast working group patient support in Akmola oblast moved to APA 2





Technical Area 7. M&E, OR and Surveillance





Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the
1	Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 4 (100%) 2) 0 (0%)		1) 4 (100%) 2) 2 (50%)	Recording and reporting forms (laboratory and drug management parts) and development of algorithm of reporting system for electronic surveillance have been finalized and have been submitted to MoH.	
2	Strengthened local capacities on OR	Operations research studies completed & results disseminated (number)	Number of operations research studies completed & results disseminated	0		0	Draft protocol was discussed with East Kazakhstan partners to finalize. The protocol was translated into Russian.	Preparation for OR.

Technical Area 8. Drug supply and management






Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
					Y1	Y1		
1	Improved drug management in project sites	Number of oblast with quarterly oblast stock information available for both first and second line drugs	Number of oblast in TB CARE I project sites with quarterly oblast stock information available (both for first and second line drugs)/total number of oblasts in project sites	4	4	4	Completed	

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Improved TB control in prisons	1.1.1	Assesment visits on TB control in prisons in project sites	KNCV	8.197	 100%	Jun	2011	Assessment of TB control program in prisons was part of assessment mission to four project sites Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan. Missions have been conducted in May and June.
	1.1.2	Workshop on revision&development of protocols on management of TB (DRTB) in prisons	KNCV	7.679	 100%	Sep	2011	Two-day workshop to discuss draft protocols on management of TB and DRTB was conducted for both civil and prison TB services from 28 till 29 September in Almaty. Four MDR TB doctors from prison TB hospitals of East Kazakhstan, South Kazakhstan, Akmola and North Kazakhstan oblasts participated in the workshop. As a result pre-final versions of protocols have been discussed.
	1.1.3	Supportive supervision visits to project sites	KNCV	5.374	postponed	Sep	2012	The visit was postponed by prison authorities due to pending approval by MOIA. Moved to APA2
	1.1.4	Training of prison medical staff in new project sites	KNCV	3.404	postponed	Jun	2012	Moved to APA 2
	1.1.5	Workshops for prison administration	KNCV	26.466	postponed	May	2012	Moved to APA 2
	1.1.6	Workshop on involvement of local NGOs in TB control in prisons	KNCV	15.859	 100%	Sep	2011	Two-day workshop on role of local NGOs in TB control including prison system was conducted for selected local NGOs from Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan and Almatinskaya oblasts. In total 19 representatives of 15 local NGOs and two ex-MDR TB patients (17 females and 2 males) participated in the workshop. Two ex-MDR TB patients are planning to create a patient support NGO in East Kazakhstan.
	1.1.7	TA on reorganization of TB services in prisons	KNCV	1.683	 100%	Sep	2011	TB CARE provided TA during one-day meeting devoted to discussion about reorganization of MDR TB services in prison system. As a result prison system decided to conduct deep analysis in order to make final decision on centralization. TB CARE shared with prison system SWOT analysis. Technical assistance was provided by TB CARE to prison system during discussion on transfer of prison medical service from prison system to the MoH. Further technical assistance will be needed for development of policy documents.





1.2 Strengthened TB control in migrants	1.2.1	Round table meeting on development of TWG	KNCV	2.538	 0%	Mar	2012	The Regional high level meeting on cross-border TB control in Central Asia was held on 28 - 29 November 2011 in Almaty. The technical working group on TB in migrants will be moved to APA2
	1.2.2	Analysis of policy and practices related to TB control in migrants	KNCV	3.251	 50%	Apr	2012	Assesment was done in all project sites. Partners meetings on establishment of TWG have been conducted. Establishment of TWG on TB in migrants and review of existing policy will be done in APA 2.
1.3 International standards on TB management in children introduced in country	1.3.1	Training on TB management in children	KNCV	21.691	 100%	Aug	2011	Five childhood TB specialists from project sites (Akmola, North Kazakhstan, South Kazakhstan and East Kazakhstan) trained in childhood TB in Riga, Latvia.
	1.3.2	Development of action plan to scale up TB management in children	KNCV	15.583	 75%	Feb	2012	TB in children is included in PMDT action plans of four project sites (East Kazakhstan, Akmola, North Kazakhstan and South Kazakhstan). These PMDT plans, including management in children are approved at local government level.

 **78%**

		2. Laboratories			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
2.1 Laboratory strategic planning capacity improved	2.1.1	Development of National strategic plan	KNCV	6.040	 75%	Feb	2012	Working group was established. Pre-final version of National laboratory plan is under discussion with NTP.
	2.1.2	Continious supportive supervision	KNCV	33.827	 75%	Feb	2012	One three-day supportive supervision visit weas conducted to Akmola oblast (14 - 18 February) by Regional Laboratory TO.
2.2 Management of laboratory services improved	2.2.1	Development of guidelines on laboratory maintenance	KNCV	10.933	 75%	Feb	2012	Draft guideline, laboratory maintenance SOP developed. One-day seminar was conducted in Akmola oblast for laboratory staff to adapt laboratory maintenance SOPs. Total participants in Akmola- 10 (all female).
	2.2.2	Updating of lab SOPs in accordance with international standards	KNCV	6.749	 75%	Feb	2012	Existing laboratory SOPs have been revised in North Kazakhstan, East Kazakhstan and Akmola oblasts.
2.3 TB diagnostic capability enhanced through introduction of new diagnostic	2.3.1	Procurement of GenExpert and its related equipment	KNCV	191.829	 50%	Feb	2012	Permission from the MoH received. Facilities assessment for GeneXpert implementation was conducted in Akmola oblast during supportive supervision visits by the Regional Laboratory TO in February. Adaptation of lab forms and National Register of TB patients is in process.
	2.3.2	Introduction and piloting of GenExpert	KNCV	9.262	postponed	Sep	2012	Moved to APA2











tools	2.3.3	Introduction of FL&SL Hain test	KNCV	14.506	Cancelled	Dec	2011	This activity is cancelled because procurement of test for SL Hain will be done by GF project, laboratory SOPs will be developed by Quality project. It is proposed to reprogram this activity to bench-on training for laboratory specialists from East Kazakhstan, North Kazakhstan and Akmola oblasts at SNRL in Borstel. Expenses will be shared with SNRL.
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 **70%**




	3. Infection Control					Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
3.1 Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	3.1.1	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	5.012	 75%	Feb	2012	Working group finalized TB-IC guideline and TB-IC toolkit.	
	3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	1.354	 75%	Feb	2012	TB IC guideline and adapted toolkit will be presented at the NTP level in April, 2012.	
	3.1.3	IC assessment visits to project sites	KNCV	3.827	 100%	Jul	2011	TB-IC assessment missions have been conducted to two project sites (East Kazakhstan and Akmola) by regional TB-IC consultant.	
	3.1.4	Procurement of IC equipment for risk assessment and protection measures	KNCV	80.400	postponed	Sep	2012	Moved to APA2	
	3.1.5	Continious supportive supervision	KNCV	5.374	Cancelled	Sep	2011	Due to late start of project implementation supportive supervision was not conducted and activity was modified.	
3.2 Developed local capacity on TB IC	3.2.1	Training on environmental aspects of TB IC	KNCV	10.493	 100%	Jun	2011	Three engineers from three ventilation companies in Almaty, East Kazakhstan and Astana attended special TB-IC course for engineers in Vladimir. MoU between NTP and ventilation companies is signed.	









 **88%**

		4. PMDT				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		








4.1 PMDT scale up in civilian and prison sectors	4.1.1	Workshop on finalization of EKO action plan for PMDT	KNCV	1.982	 100%	Dec	2011	One-day workshop was conducted to discuss pre-final versions of PMDT action plans of East Kazakhstan oblast and three new project sites. Specialists of oblast TB control programs from project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan), NTP, prison system, SES, Project Quality and GF participated in the workshop. In total, 30 participants (23 females and 7 males) from TB services of four project sites participated in the workshop. It was agreed that plans will be presented to the oblasts' health departments for approval.
	4.1.2	Monitoring and TA visits to EKO	KNCV	22.572	 100%	Sep	2011	Monitoring visit to East Kazakhstan oblast was conducted by regional TO.
	4.1.3	Assessment visits to new project sites	KNCV	53.477	 100%	Jun	2011	Assessment visits to four project sites (East Kazakhstan, Akmola, South Kazakhstan and North Kazakhstan) have been conducted in May - June.
	4.1.4	Development of PMDT action plans in new project sites	KNCV	5.456	 75%	Feb	2012	The action plans developed and approved by the oblast healthcare authorities. PMDT protocols drafted in accordance with latest WHO recommendations. Draft PMDT training curricula developed.
	4.1.5	Finalization of DR TB management protocols for new project sites	KNCV	7.145	 75%	Apr	2012	DR TB management protocols have been revised by the MDRTB thematic working group in accordance with the latest WHO recommendations. NTP took a decision to revise national DR TB policies. Therefore, it was decided to finalize protocols after the revision of the policies. Finalization will be done in APA2 (in June).
	4.1.6	Training on X/MDR TB clinical management in	KNCV	5.000	 75%	Feb	2012	Training curricula on M/XDRTB were drafted.
	4.1.7	Monitoring visits to new project sites	KNCV	5.307	 100%	Sep	2011	Monitoring visits were conducted to three project sites (Akmola, North Kazakhstan and South Kazakhstan).
	4.1.8	Participation in international conferences	KNCV	23.053	 100%	Dec	2011	Five representatives from National level and project sites participated in the Wolfheze workshop on PMDT in June in The Netherlands.
4.2 Improved X/MDR TB management in children	4.2.1	Development of protocols on X/MDRTB management in children	KNCV	4.090	 75%	Apr	2012	Protocol on TB in children was drafted by the team of TB in children specialists. On-distance TA was provided by international expert from Latvia (I.Ozere). Protocols will be finalized in APA2 after revision of national guideline on MDR/XDR TB where childhood TB will be included.
					 89%			

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Increased demand for TB/HIV activities	5.1.1	Workshop on TB/HIV collaboration		1.025	 100%	Jul	2011	One-day workshop was conducted for TB and HIV services to strengthen collaboration between two programs. As a result of workshop it was decided to develop national TB and HIV collaborative activities plan and revision of existing clinical protocols on TB-HIV. New membership of TB and HIV thematic working group was agreed. Total number of participants - 12 (7 females and 5 males).
	5.1.2	Assessment of TB-HIV collaborative activities implementation in the project sites		10.885	 100%	Jun	2011	Assessment of TB-HIV collaborative activities implementation in four project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan) was conducted in May-June.
	5.1.3	Development of National plan on TB/HIV collaboration		1.072	 100%	Dec	2011	One-day workshops was conducted in November for the TB-HIV thematic working group on the development of a National plan on TB-HIV collaborative activities. Total number of participants - 12 (7 females and 5 males). Final version is prepared and submitted to MoH for
5.2 Increased number of TB and HIV patients that are receiving care and treatment	5.2.1	Revision and adjustment of existing clinical protocols on TB/HIV		909	 100%	Dec	2011	One-day meeting for TB-HIV thematic working group was conducted in November to discuss revision of existing Prikaz to adjust it to recent WHO recommendations. Finalization of the policy document is completed and submitted to MoH for approval.
					 100%			



Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Improved local human resource capacity	6.1.1	Training on "strategic planning and innovation"	KNCV	16.522	 100%	Aug	2011	Two representatives from NTP (one from national level and one from project site -North Kazakhstan oblast) and from project team participated IUATLD training course on Strategic planning and Innovation.
	6.1.2	Development of HRD plan for TB	KNCV	8.111	 50%	Apr	2012	Recommendations for development of an HRD plan have been developed.
	6.1.3	Strengthening of training capacities of local trainers	KNCV	11.578	 50%	May	2012	NTP is revising national guidelines. Development of training modules will be done in APA2.

6.2 Improved patient adherence to treatment	6.1.4	Development of plan for sustainable e-library in Russian and English languages	KNCV	8.111	 75%	Feb	2012	Recommendations for NTP on e-library provided by an HRD consultant (Ieva Leimane) translated in Russian and provided to NTP for discussion and implementation.
	6.1.5	Regional introductory workshop for implementation of TB CARE I, QHCP and Dialogue projects in CAR	KNCV	61.753	 100%	Sep	2011	Two day regional meeting on harmonization of activities with participation of representatives from NTP, prison system, SES, GF, Quality project, Dialogue was conducted in Almaty in July. In total 10 participants from Kazakhstan (6 females and 4 males) participated.
	6.2.1	Supervision visits to EKO	KNCV	1.411	 100%	Jul	2011	Supervision visit to patient support system in East Kazakhstan oblast was conducted by regional TO in July. During the visit regional TO discussed tool on monitoring of social support with TB service and social support department and next steps for strengthening of patient support system.
	6.2.2	Development of monitoring tool of patient support	KNCV	1.439	 100%	Dec	2011	Monitoring tool is tested and finalized.
	6.2.3	Social support delivery in EKO	KNCV	32.500	 100%	Dec	2011	243 TB/MDRTB patients have been enrolled on a patient psychosocial support system in Semey and Oskemen (East Kazakhstan oblast).
	6.2.4	Workshop on capacity building of NGO's in EKO	KNCV	5.626	 100%	Sep	2011	This activity was combined with activity 1.1.6. In two-day workshop for NGOs 4 representatives of four local NGOs and three ex-MDR-TB patients participated in event conducted 26 - 27 September in Almaty. Ex-MDR TB patients are planning to establish NGO to provide support to TB patients.
	6.2.5	Assessment visits on patient support system in new project sites	KNCV	3.929	 100%	Jun	2011	Assessment visits have been conducted in May-June.
	6.2.6	Development of patient support system	KNCV	5.965	 75%	Feb	2012	Joint mission of TB CARE I project staff and USAID CAR representatives to East Kazakhstan oblast was conducted to introduce USAID team to the TB patient support system in Oskemen (21 - 23 February 2012)
	6.2.7	Meeting of patient support working group in new project sites	KNCV	1.493	postponed	Dec	2011	Due to delay with development of patient support systems in new project sites, this activity will be moved to APA2.

 **86%**

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Improved surveillance system (including MDR TB and TB/HIV)	7.1.1	Workshop on data management for NTP and NAP	KNCV	8.820	 100%	Sep	2011	One-day workshops on improvement of surveillance system with focus on improvement of data collection and analysis have been conducted for prison and civil TB services of four project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan) during supportive supervision visits. Total number of trained specialists: North Kazakhstan oblast - 23 participants (3 males, 20 females), Akmola - 26 participants (4 males, 22 females), SKO - 33 participants (10 males, 21 females), EKO - 26 participants (3 males, 23 females).
	7.1.2	Improvement of National TB surveillance system	KNCV	38.449	 100%	Sep	2011	Supportive supervision visits have been conducted to four project sites (Akmola, North Kazakhstan, East Kazakhstan and South Kazakhstan) for assessment of surveillance system and on-job training for specialists responsible for data entry, data analysis and reporting.
	7.1.3	Adjustment of existing M&E tool	KNCV	7.736	 75%	Feb	2012	Five meetings of working group were conducted to revise recording and reporting forms and surveillance system. Recording and reporting forms (laboratory and drug management parts) and development of algorithm of reporting system for electronic surveillance have been finalized and have been submitted to MoH.
7.2 Strengthened local capacities on OR	7.2.1	Workshop on development of National TB research agenda	KNCV	14.037	 100%	Sep	2011	Two-day workshop on development of National TB research agenda for the period 2012 - 2015 was conducted in September. Basis for national research agenda and list of potential ORs have been developed. 15 people (4 male, 11 female) from NTP, four project sites, SES, NAP and partner organizations participated in the workshop.
	7.2.2	Development of protocol on evaluation of new diagnostics	KNCV	13.179	 25%	May	2012	Activity will be finalized in APA2.
	7.2.3	Development of protocol for evaluation of new models of care	KNCV	11.006	 25%	Jul	2012	Activity will be continued in APA 2.
	7.2.4	Development of protocol for evaluation of patient support model	KNCV	11.815	 100%	Feb	2012	Draft protocol was discussed with East Kazakhstan partners to finalize. The protocol was translated into Russian.

 75%

8. Drug supply and management			Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes						Month	Year	
8.1 Improved drug management in project sites	8.1.1	Scale up of local capacity on drug management	KNCV	8.838	 100%	Sep	2011	Two-day training on Drug management for prison and civil sectors for 4 project sites was conducted in Almaty, 24-25 October 2011. A tool for calculation of first and second line drugs was presented to participants. Total number of trained specialists: (1 male, 2 female) NKO - 3 participants, (2 female) Akmola-2 participants, (2 female) SKO-2 participants, (2 female) EKO- 2 participants, Almaty- 1 female participants. Total: 10 participants (9 female, 1
					 100%			

Quarterly GeneXpert Report

Country	Kazakhstan	Period	January - February 2012
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2012	Cumulative Total		
# GeneXpert Instruments	0	4	4	0	February, 2012
# Cartridges	0	3120	3120	2880	February, 2012

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Planned	GeneXpert IV G	4	NTP	USAID	NTP
Planned	GeneXpert IV G	4	Almaty City TB dispensary	USAID	Almaty City TB dispensary
Planned	GeneXpert IV GXIV-4-D	4	Oskemen Regional TB dispensary	USAID	Oskemen Regional TB dispensary
Planned	GeneXpert IV GXIV-4-D	4	Kokshetau Regional TB dispensary	USAID	Kokshetau Regional TB dispensary
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Planned	1	3120		USAID	
Planned	2	720	NCPT	USAID	
Planned	3	720	Almaty city dispensary	USAID	
Planned	4	720	Akmola in two levels (oblast and rayon)	USAID	
Planned	5	720	East Kazakhstan	USAID	pending
	6				
*There are 10 cartridges per kit, but we need the total # of cartridges (not kits)					

Any additional information/clarifications to the above (optional)

4 machines and 3 120 cartridges are already paid, but not received due to some delay with taxes and customs duties free import.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

N/A

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)



**Bacterioscopy in Zerendinskiy
Central district laboratory
Assessment mission to Akmola
oblast for XpertMTB/RIF
implementation, 14-18 February
2012**



Participants of the meeting in Zerendinskiy district laboratory in Akmola

Inventory List of Equipment TB CARE I

Organization:	TB CARE I
Country:	Kazakhstan
Reporting date:	30-apr-12
Year:	2012



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Description (1)	Quantity	ID numbers (2)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition	Disposition date (8)	Insurance policy number	Insurance Policy #
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC352978137	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC353159132	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC353033135	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC352876139	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651239	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651248	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651250	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Win Pro 7 64-bit Russian CIS and Georgia 1pk	12	00071	355.296,00 KZT	38.067,43 KZT	RO, Almaty	good			
Office Home and Business 2010, 32/64 English no EU	4	00072	191.996,00 KZT	20.571,00 KZT	RO, Almaty	good			
OfficeMultiLangPk 2010 Olp NL	4	00073	20.000,00 KZT	2.142,86 KZT	RO, Almaty	good			
Dr Web SSecurity Pro (K3) 1 electronic license, 1 year	12	00074	58.560,00 KZT	6.274,29 KZT	RO, Almaty	good			
Dr Web Server Security	2	00075	44.800,00 KZT	4.800,00 KZT	RO, Almaty	good			
Switch, 16 port 10/100/1000 Mbit, Tenda TEG1016D, Auto MDI/MDI-X, rack/dekstop, int PS	1	00076	19.926,00 KZT	2.134,93 KZT	RO, Almaty	good			
Language Pack (LP)	5	00077	24.000,00 KZT	2.571,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00078	7.200,00 KZT	771,43 KZT	RO, Almaty	good			

Office chairs, Torino	1	00079	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00080	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00081	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Mobile Cabinet	1	00082	14.500,00 KZT	1.553,57 KZT	RO, Almaty	good			
Mobile Cabinet	1	00083	14.500,00 KZT	1.553,57 KZT	RO, Almaty	good			
Telephone system cabinet	1	00084	9.200,00 KZT	985,71 KZT	RO, Almaty	good			
Office table	1	00085	13.200,00 KZT	1.414,29 KZT	RO, Almaty	good			
Table top	1	00086	8.800,00 KZT	942,86 KZT	RO, Almaty	good			
Camera, Canon Power Shot S95	1	4343B001 [AA]	78.120,00 KZT	8.370,00 KZT	RO, Almaty	good			

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
(3) Date of invoice
(4) Total price including any sales tax paid. Use currency on invoice
(5) Note any sales tax charged
(6) Address
(7) Good/fair or bad
(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info